OCTOBER 2011 DUR BOARD MEETING MINUTES

Date: October 19, 2011
Members Present: Wilkinson, Brown, Bradley, Burton, Caldwell, Maxwell, Crichton, Cobb (phone), Putsch.
Others Present: Dave Campana, Amy Holodnick, and Dan Peterson from Medicaid, Barnhill, Woodmansey Drug PA/Case Management, Wendy Blackwood from ACS, and various representatives of drug manufacturers.
Lisa Wilkinson opened the meeting and introduced herself as the new DUR Coordinator.
Public Comment:
There were no members of the public in attendance.
Meeting Minute Review:
The Board reviewed the September meeting minutes. There was an error in the date listed as August which will be amended to September. The minutes were then approved
Department Update:
Amy Holodnick, the Pharmacy Program Officer discussed the Mental Health Services Formulary with the Board. The Board agreed to occasional e-mail contact to review new drugs for addition to the MHSP formulary that may come up outside the course of regular meetings. The consensus of the DUR Board was to recommend that Viibryd currently not be made available on the MHSP formulary. This may be reviewed later if more supporting literature comes to light, but at this time, the decision was based on the already crowded market of antidepressants and no completely novel mechanism being offered.
Amy also asked the Board to review the Home IV Program Manual which is undergoing revision. The Board agreed to the addition of Enzyme Replacement IV Infusion and then would like to revisit the completed manual after the revision is complete.
Board Discussion:

- Lazanda
  A new product scheduled for market fall of 2011, this is a fentanyl nasal spray available in 100mcg/spray and 400mcg/spray. The Board agreed this will be placed on prior authorization only. The criteria will be:
  -Approval will require a diagnosis of a neoplasm or cancer
  -Initial therapy >100mcg will not be approved
  -No more than 1 bottle per day will be approved
  The Board also asked for a review of all fentanyl IR products to be brought back to a future meeting. They would like to look at possible first line agents.
- Synagis
  Dave Campana updated the Board on the epidemiological information for Montana RSV from 2010-2011 and the projections for 2011-2012. Based on this data he recommended to the Board the start date for the Synagis program be December 1, 2011 and the program continue through April 30, 2012. The Board agreed.
- PPI Update
  With the addition of pantoprazole to the preferred side of the PDL, Medicaid now has four different agents that are preferred proton pump inhibitors. The current criteria require inadequate response on all preferred agents prior to approval for a non-preferred agent. The Board was questioned as to whether this should continue with the addition of the fourth product. The Board decided omeprazole, lansoprazole, esomeprazole and pantoprazole, all four preferred products, should be tried prior to approval of a non-preferred product.

- Hepatitis C Criteria

  Angie from DUR/Case Management presented the Board an overview on Victrelis and Incivek. After discussion, the Board decided on the following prior authorization criteria:

  -Patient must have a diagnosis of chronic Hepatitis C, genotype 1.
  -Patient must have compensated liver disease.
  -Patient must be on peginterferon alpha and ribavirin.
  -Patient must be over the age of 18 years of age.
  -Female patients must not be pregnant. Male patients' partners must not be pregnant.
  -Patient must not be on contraindicated medications.
  -Patient must have a consult by an appropriate specialist (infectious disease, gastroenterologist, etc.).
  -Medicaid Pharmacy Case Management will follow lab work for patient response per guidelines.

- TZDs

  The thiazolidinediones are no longer included on the preferred drug list. The Actos products are still available at the retail pharmacy level, so the Board discussed prior authorization criteria. The following criteria was approved:

  -Patient must have a diagnosis of Type 2 diabetes and a history of metformin use in the past year (unless contraindicated).
  -Patient must not have active bladder cancer.
  -Patient must not have Class III or IV heart failure.

Executive Session:

Members of the public were escorted out, so the Board could discuss case sensitive issues.

Next meeting is scheduled for January 25, 2012.

Meeting adjourned at 3:15.